

<i>SERFF Tracking Number:</i>	<i>FDLR-125897241</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Life Association, A Legal Reserve Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40856</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>AR tom smith</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: AR tom smith	SERFF Tr Num: FDLR-125897241	State: ArkansasLH
TOI: L07G Group Life - Whole	SERFF Status: Closed	State Tr Num: 40856
Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Barbara Mooney	Disposition Date: 11/17/2008
	Date Submitted: 11/11/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association
Filing Status Changed: 11/17/2008	
State Status Changed: 11/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Please review cover letter.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: FDLR-125897241 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 40856
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR tom smith
Project Name/Number: /

Ciaran Brady, Vice President - Operations Ciaran.Brady@FLA-Life.com
1211 W 22nd St, Suite 209 (630) 522-0392 [Phone]
Oak Brook, IL 60523 (630) 522-0397[FAX]

Filing Company Information

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
1211 W 22nd St. Group Code: 3413 Company Type: Life
Suite 209
Oak Brook, IL 60523 Group Name: State ID Number:
(630) 522-0392 ext. [Phone] FEIN Number: 36-1068685

SERFF Tracking Number: FDLR-125897241 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 40856
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR tom smith
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: 2 Forms @ \$20 each
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$40.00	11/11/2008	23846025

SERFF Tracking Number:	FDLR-125897241	State:	Arkansas
Filing Company:	Fidelity Life Association, A Legal Reserve Life Insurance Company	State Tracking Number:	40856
Company Tracking Number:			
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name:	AR tom smith		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/17/2008	11/17/2008

SERFF Tracking Number: FDLR-125897241

State: *Arkansas*

Filing Company: *Fidelity Life Association, A Legal Reserve Life Insurance Company*

State Tracking Number: 40856

Company Tracking Number:

TOI: L07G Group Life - Whole

Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Product Name: AR tom smith

Project Name/Number: /

Disposition

Disposition Date: 11/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLR-125897241 State: Arkansas

Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 40856

Company Tracking Number:

TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Product Name: AR tom smith

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Filing Authorization		Yes
Form	Enrollment Form		Yes
Form	Enrollment Form no Spouse		Yes

SERFF Tracking Number: FDLR-125897241 State: Arkansas

Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 40856

Company Tracking Number:

TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Product Name: AR tom smith

Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	W6007	Application/ Enrollment Form Enrollment Form	Initial			Tom Smith Enrollment Form - With Spouse Age.pdf
	W6007a	Application/ Enrollment Form no Enrollment Spouse Form	Initial			Tom Smith Enrollment Form - No Spouse Age.pdf

Fidelity Life Association, A Legal Reserve Company. Administrative Office: 17 Church Street, Keene, N.H.

Employee (Given Full Legal Name) [John Smith]		Date of Hire [1/1/1998]	Birth Date [6/1/1956]	Age [52]	Home Phone [555-555-5555]	Social Security Number [123-45-6789]		
Legal Address (Number/Street) [123 Main Street]			City [Oak Brook]		State [IL]	Zip [60523]	Salary [\$35,000]	Gender [Male]
Spouse Name [Jane Smith]					Spouse Gender [Female]		Spouse Birth Date [9/1/1957]	
Has the Proposed Insured(s) used Tobacco or Nicotine Products in the past 12 months?					<u>Employee</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Proposed Insured a U.S. Citizen or a permanent resident?					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the employee actively at work performing the regular duties of the job in the usual manner and the usual place of employment?					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee LifeTime Benefit Term Coverage					Child(ren) Term Rider Coverage*			
		Weekly Premium Non-Nicotine	Weekly Premium Nicotine			Weekly Premium		
Low	Employee: [\$30,000]	<input type="checkbox"/> [\$3.39]	<input type="checkbox"/> [\$4.89]	Child(ren): [\$15,000]		<input type="checkbox"/> [\$1.44]		
High	Employee: [\$50,000]	<input type="checkbox"/> [\$5.64]	<input type="checkbox"/> [\$8.13]	Child(ren): [\$25,000]		<input type="checkbox"/> [\$2.40]		
<input type="checkbox"/> Other Coverage: [_____]				<input type="checkbox"/> Decline Child(ren) Coverage				
Spouse LifeTime Benefit Term Coverage*								
Please check all boxes regarding your Spouse's health, age and Nicotine Status								
Has Your Spouse been hospitalized in the past 6 months?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has Your Spouse, within the last 10 years, been diagnosed as having or been treated by a physician for HIV infection, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has Your Spouse been seen or treated by a licensed physician or other medical practitioner within the past 6 months (except for cold, flu or routine exam where results were normal)?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Weekly Premium Non-Nicotine				Weekly Premium Nicotine				
LifeTime Benefit Term Coverage of [\$28,372]		<input type="checkbox"/> [\$3.00]	LifeTime Benefit Term Coverage of [\$25,000]		<input type="checkbox"/> [\$4.08]			
<input type="checkbox"/> Other Coverage: [_____]				<input type="checkbox"/> Decline Spouse LifeTime Benefit Term Coverage				
Spouse Term Rider [(\$10,000)]*								
Please check the applicable boxes regarding Your Spouse's Nicotine Status								
Weekly Premium Non-Nicotine				Weekly Premium Nicotine				
Spouse Term Rider of [\$10,000]		<input type="checkbox"/> [\$0.72]	Spouse Term Rider of [\$10,000]		<input type="checkbox"/> [\$1.26]			
<input type="checkbox"/> Decline Spouse Term Rider								
* To elect Children and/or Spouse Coverage you have to elect coverage on yourself								
<input type="checkbox"/> Decline Voluntary Life Insurance								
BENEFICIARY INFORMATION								
The Employee will be the Beneficiary of any coverage issued on a Spouse or Child, unless otherwise stated in this section. The Spouse will be the Beneficiary of any coverage issued on the Employee, unless otherwise stated in this section.								
Insured: [John Smith]		Beneficiary: [Jane Smith]			Relationship: [Spouse]			
Insured: [Jane Smith]		Beneficiary: [John Smith]			Relationship: [Spouse]			
OTHER COVERAGE								
Does the Applicant or Spouse, if any, have any life insurance in force or is any application for life insurance or reinstatement now pending? (If Yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No								
Insured	Name Of Company		Face Amount	Month/Year Issued		To Be Replaced?		
[John Smith]	[ABC Life]		[\$25,000]	[1/1990]		<input type="checkbox"/> Yes <input type="checkbox"/> No		
[Jane Smith]	[ABC Life]		[\$15,000]	[1/1990]		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Declaration, Agreement and Authorization To Release Information: I declare that each answer given to the questions contained in this enrollment form is complete and true to the best of my knowledge and belief. I understand and agree that the Company will rely on these answers, and the answers and statements I may give in any other form taken as part of this enrollment form. I also understand that the Company reserves the right to accept or deny this enrollment form after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers. All statements and answers on this enrollment form are full, complete and true to the best knowledge and belief of each person who has signed below.								
The insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.								
The Certificate Holder/Insured and the agent certify that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage issued will be provided upon delivery.								
Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an enrollment form for insurance may be guilty of a criminal offense under state law.								
Agent: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of the proposed insured? (If Yes, complete appropriate state replacement forms) <input type="checkbox"/> Yes <input type="checkbox"/> No								
SIGNED AND DATED AT (STATE AND DATE):			SIGNATURE OF LICENSED AGENT:					
SIGNATURE OF EMPLOYEE/PAYOR:			PRINTED NAME OF AGENT:					

Fidelity Life Association, A Legal Reserve Company. Administrative Office: 17 Church Street, Keene, N.H.

Employee (Given Full Legal Name) [John Smith]	Date of Hire [1/1/1998]	Birth Date [6/1/1956]	Age [52]	Home Phone [555-555-5555]	Social Security Number [123-45-6789]	
Legal Address (Number/Street) [123 Main Street]		City [Oak Brook]	State [IL]	Zip [60523]	Salary [\$35,000]	Gender [Male]
Spouse Name [Jane Smith]			Spouse Gender [Female]		Spouse Birth Date [9/1/1957]	

Has the Proposed Insured(s) used Tobacco or Nicotine Products in the past 12 months?	<u>Employee</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Proposed Insured a U.S. Citizen or a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employee actively at work performing the regular duties of the job in the usual manner and the usual place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employee LifeTime Benefit Term Coverage				Child(ren) Term Rider Coverage*	
		Weekly Premium Non-Nicotine	Weekly Premium Nicotine		Weekly Premium
Low	Employee: [\$30,000]	<input type="checkbox"/> [\$3.39]	<input type="checkbox"/> [\$4.89]	Child(ren): [\$15,000]	<input type="checkbox"/> [\$1.44]
High	Employee: [\$50,000]	<input type="checkbox"/> [\$5.64]	<input type="checkbox"/> [\$8.13]	Child(ren): [\$25,000]	<input type="checkbox"/> [\$2.40]
<input type="checkbox"/> Other Coverage: [_____]				<input type="checkbox"/> Decline Child(ren) Coverage	

Spouse LifeTime Benefit Term Coverage*	
Please check all boxes regarding your Spouse's health, age and Nicotine Status	
Has Your Spouse been hospitalized in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Your Spouse, within the last 10 years, been diagnosed as having or been treated by a physician for HIV infection, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Your Spouse been seen or treated by a licensed physician or other medical practitioner within the past 6 months (except for cold, flu or routine exam where results were normal)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Weekly Premium								
Issue Age	Non-Nicotine	Nicotine	Issue Age	Non-Nicotine	Nicotine	Issue Age	Non-Nicotine	Nicotine
[16]	<input type="checkbox"/> [\$3.00 (\$36,242)]	<input type="checkbox"/> [\$3.09]	[34]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[52]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[17]	<input type="checkbox"/> [\$3.00 (\$36,242)]	<input type="checkbox"/> [\$3.09]	[35]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[53]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[18]	<input type="checkbox"/> [\$3.00 (\$36,242)]	<input type="checkbox"/> [\$3.09]	[36]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[54]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[19]	<input type="checkbox"/> [\$3.00 (\$36,242)]	<input type="checkbox"/> [\$3.09]	[37]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[55]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[20]	<input type="checkbox"/> [\$3.00 (\$36,242)]	<input type="checkbox"/> [\$3.09]	[38]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[56]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[21]	<input type="checkbox"/> [\$3.00 (\$35,497)]	<input type="checkbox"/> [\$3.18]	[39]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[57]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[22]	<input type="checkbox"/> [\$3.00 (\$34,705)]	<input type="checkbox"/> [\$3.27]	[40]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[58]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[23]	<input type="checkbox"/> [\$3.00 (\$33,947)]	<input type="checkbox"/> [\$3.36]	[41]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[59]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[24]	<input type="checkbox"/> [\$3.00 (\$33,222)]	<input type="checkbox"/> [\$3.45]	[42]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[60]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[25]	<input type="checkbox"/> [\$3.00 (\$32,459)]	<input type="checkbox"/> [\$9.99]	[43]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[61]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[26]	<input type="checkbox"/> [\$3.00 (\$31,410)]	<input type="checkbox"/> [\$9.99]	[44]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[62]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[27]	<input type="checkbox"/> [\$3.00 (\$30,367)]	<input type="checkbox"/> [\$9.99]	[45]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[63]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[28]	<input type="checkbox"/> [\$3.00 (\$29,391)]	<input type="checkbox"/> [\$9.99]	[46]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[64]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[29]	<input type="checkbox"/> [\$3.00 (\$28,372)]	<input type="checkbox"/> [\$9.99]	[47]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[65]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[30]	<input type="checkbox"/> [\$3.00 (\$27,421)]	<input type="checkbox"/> [\$9.99]	[48]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[66]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[31]	<input type="checkbox"/> [\$3.03]	<input type="checkbox"/> [\$9.99]	[49]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[67]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[32]	<input type="checkbox"/> [\$3.18]	<input type="checkbox"/> [\$9.99]	[50]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[68]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[33]	<input type="checkbox"/> [\$3.30]	<input type="checkbox"/> [\$9.99]	[51]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[69]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
<input type="checkbox"/> Decline Spouse LifeTime Benefit Term Coverage						[70]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]

<input type="checkbox"/> Other Coverage: [_____]
* To elect Children and/or Spouse Coverage you have to elect coverage on yourself
<input type="checkbox"/> Decline Voluntary Life Insurance

Employee Name: [John Smith]

Spouse Term Rider [(\$10,000)]*

Please check the applicable boxes regarding Your Spouse's Age and Nicotine Status

Weekly Premium

Issue Age	Non-Nicotine	Nicotine	Issue Age	Non-Nicotine	Nicotine	Issue Age	Non-Nicotine	Nicotine
[16]	<input type="checkbox"/> [\$0.57]	<input type="checkbox"/> [\$0.90]	[34]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[52]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[17]	<input type="checkbox"/> [\$0.57]	<input type="checkbox"/> [\$0.90]	[35]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[53]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[18]	<input type="checkbox"/> [\$0.57]	<input type="checkbox"/> [\$0.90]	[36]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[54]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[19]	<input type="checkbox"/> [\$0.57]	<input type="checkbox"/> [\$0.90]	[37]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[55]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[20]	<input type="checkbox"/> [\$0.57]	<input type="checkbox"/> [\$0.90]	[38]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[56]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[21]	<input type="checkbox"/> [\$0.57]	<input type="checkbox"/> [\$0.93]	[39]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[57]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[22]	<input type="checkbox"/> [\$0.60]	<input type="checkbox"/> [\$0.96]	[40]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[58]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[23]	<input type="checkbox"/> [\$0.60]	<input type="checkbox"/> [\$0.99]	[41]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[59]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[24]	<input type="checkbox"/> [\$0.60]	<input type="checkbox"/> [\$1.05]	[42]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[60]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[25]	<input type="checkbox"/> [\$0.63]	<input type="checkbox"/> [\$1.08]	[43]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[61]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[26]	<input type="checkbox"/> [\$0.63]	<input type="checkbox"/> [\$1.11]	[44]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[62]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[27]	<input type="checkbox"/> [\$0.66]	<input type="checkbox"/> [\$1.14]	[45]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[63]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[28]	<input type="checkbox"/> [\$0.69]	<input type="checkbox"/> [\$1.20]	[46]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[64]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[29]	<input type="checkbox"/> [\$0.72]	<input type="checkbox"/> [\$1.26]	[47]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[65]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[30]	<input type="checkbox"/> [\$0.75]	<input type="checkbox"/> [\$1.29]	[48]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[66]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[31]	<input type="checkbox"/> [\$0.78]	<input type="checkbox"/> [\$1.35]	[49]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[67]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[32]	<input type="checkbox"/> [\$0.81]	<input type="checkbox"/> [\$1.41]	[50]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[68]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
[33]	<input type="checkbox"/> [\$0.84]	<input type="checkbox"/> [\$1.47]	[51]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]	[69]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]
<input type="checkbox"/> Decline Spouse Term Rider						[70]	<input type="checkbox"/> [\$9.99]	<input type="checkbox"/> [\$9.99]

BENEFICIARY INFORMATION

The Employee will be the Beneficiary of any coverage issued on a Spouse or Child, unless otherwise stated in this section. The Spouse will be the Beneficiary of any coverage issued on the Employee, unless otherwise stated in this section.

Insured: [John Smith]	Beneficiary: [Jane Smith]	Relationship: [Spouse]
Insured: [Jane Smith]	Beneficiary: [John Smith]	Relationship: [Spouse]

OTHER COVERAGE

Does the Applicant or Spouse, if any, have any life insurance in force or is any application for life insurance or reinstatement now pending? (If Yes, provide details below) ☐ Yes ☐ No

Insured	Name Of Company	Face Amount	Month/Year Issued	To Be Replaced?
[John Smith]	[ABC Life]	[\$25,000]	[1/1990]	<input type="checkbox"/> Yes <input type="checkbox"/> No
[Jane Smith]	[ABC Life]	[\$15,000]	[1/1990]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration, Agreement and Authorization To Release Information: I declare that each answer given to the questions contained in this enrollment form is complete and true to the best of my knowledge and belief. I understand and agree that the Company will rely on these answers, and the answers and statements I may give in any other form taken as part of this enrollment form. I also understand that the Company reserves the right to accept or deny this enrollment form after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers. All statements and answers on this enrollment form are full, complete and true to the best knowledge and belief of each person who has signed below.

The insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.

The Certificate Holder/Insured and the agent certify that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage issued will be provided upon delivery.

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an enrollment form for insurance may be guilty of a criminal offense under state law.

Agent: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of the proposed insured? (If Yes, complete appropriate state replacement forms) ☐ Yes ☐ No

SIGNED AND DATED AT (STATE AND DATE):	SIGNATURE OF LICENSED AGENT:
SIGNATURE OF EMPLOYEE/PAYOR:	PRINTED NAME OF AGENT:

<i>SERFF Tracking Number:</i>	<i>FDLR-125897241</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Life Association, A Legal Reserve Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40856</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>AR tom smith</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLR-125897241 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 40856
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR tom smith
Project Name/Number: /

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 11/11/2008
Comments:
Attachment:
Readability Cert.pdf

Review Status:
Satisfied -Name: Cover Letter 11/11/2008
Comments:
Attachment:
Letter.pdf

Review Status:
Satisfied -Name: Filing Authorization 11/11/2008
Comments:
Attachment:
Filing Authorization 06-2008.pdf

READABILITY CERTIFICATION

I hereby certify that the following forms were tested for readability using Microsoft Word -- Version 97 SR-1, and achieved the following test results.

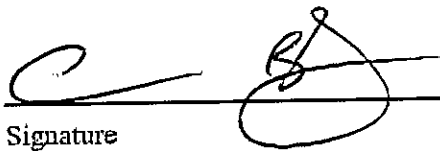
Company Name: Fidelity Life Association, A Legal Reserve Life Insurance Company

Form Number(s): W6007
Type of Form: Group Enrollment Form

1. Number of Words:	771
2. Number of Characters:	3,717
3. Number of Paragraphs:	1
4. Number of Sentences:	38
5. Final Score:	62.6

Form Number(s): W6007a
Type of Form: Group Enrollment Form

1. Number of Words:	735
2. Number of Characters:	3,567
3. Number of Paragraphs:	1
4. Number of Sentences:	41
5. Final Score:	65.7



Signature

Ciaran Brady

Typed Name

Vice President

Title

November 10, 2008

Date

November 11, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: Fidelity Life Association
NAIC No.: 63290
FEIN Number: 36-1068685
Group Enrollment Form – Form W6007 and W6007a

Dear Sir or Madam:

We are submitting the Group Enrollment Forms identified above for your review and approval. These are new forms and will not replace any form previously approved by your Department.

These forms will be used with the Lifetime Benefit Term contract previously approved by your Department or with any additional products that may be approved in the future.

Both forms are designed such that the primary insured's details will be pre-printed on the form and used in a worksite enrollment environment. The specific face amounts and corresponding weekly premiums will be pre-defined and pre-printed based on an offer to the group being enrolled.

The two forms are in nearly all respects identical, differing in only one significant manner. Form W6007 is designed to be used when the age of the primary insured's spouse is known, allowing the applied for face amount and corresponding weekly premium be pre-populated on the form when printed. Form W6007a is designed for use when the age of the primary insured's spouse is not known, allowing a variety of ages, applied for face amounts and corresponding weekly premiums be pre-printed on the form.

This form does not contain any unusual or possibly controversial items, or provisions that deviate from normal company or industry standards.

Thank you for your assistance with this filing. If you have any questions, please call me at 1-800-635-4467, ext. 267.

Sincerely,

Barbara Mooney
Vice President Actuarial Services
Vision Financial Corporation
Telephone: 800-635-4467, ext. 267
Fax: 603-357-0250
Email: bmooney@visfin.com

Enc.



Established 1896

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523
Tel 630.522.0392
Fax 866.375.8175

June 16, 2008

Company NAIC Number: 63290
Company FEIN Number: 36-1068685

Re: Group Life Insurance Policy, Certificate and Benefit Forms
Letter of Authorization

To: All State Insurance Departments

The Fidelity Life Association, A Legal Reserve Life Insurance Company of 1211 West 22nd Street, Oak Brook, Illinois hereby authorizes Vision Financial Corporation to represent us in the submission of the captioned forms and to negotiate with insurance departments for their approval.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Brady', written over a horizontal line.

Ciaran Brady
Vice President, Operations